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03/04/99
jc520 U.S. PTO

Docket Number CLV-20676/P1/CGV1764/CIP/DIV1/DIV2

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL045063028US
Express Mail Label Number

March 4, 1999
Date of Deposit

jc542 U.S. PTO
09/26/92

03/04/99

Address to: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

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UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **divisional** of prior Application No. 09/108,714, filed July 1, 1998.

Applicant (or identifier): NICOLSON ET AL.

Title: EXTENDED WEAR OPHTHALMIC LENS

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 135 pages
 2. ☐ Drawings - sheets
 3. Declaration and Power of Attorney
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (signed or with indication that original was signed)
 - i. ☐ Deletion of Inventors
Signed statement attached deleting inventor(s) named in the prior application
 4. ☒ Incorporation By Reference
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 5. ☐ Microfiche Computer Program (appendix)
 6. ☐ Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
 7. ☐ Preliminary Amendment
 8. ☐ Assignment Papers (Cover Sheet & Document(s))
 9. ☐ English Translation of
 10. ☐ Information Disclosure Statement
 11. ☐ Certified Copy of Priority Document(s)
 12. ☒ Return Receipt Postcard
 13. ☐ Other:
- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 08/301,166 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☒ Before calculating the filing fee, please cancel claims 2-158.

Basic Filing Fee							\$	760
Multiple Dependent Claim Fee (\$ 260) check if applicable <input type="checkbox"/>							\$	
Foreign Language Surcharge (\$ 130) check if applicable <input type="checkbox"/>							\$	
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	25	-20	5	x	\$ 18	=	\$ 90
	Independent Claims	5	-3	2	x	\$ 78	=	\$ 156
TOTAL FILING FEE								\$ 1,006

- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$1,006. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

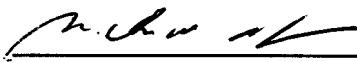
Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Michael W. Glynn
 Novartis Corporation
 Patent and Trademark Dept.
 564 Morris Avenue
 Summit, NJ 07901-1027

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (770) 418-3068.

Respectfully submitted,

Date: 3/4/99


 Michael U. Lee
 Attorney for Applicants
 Reg. No. 35,240
 Tel. No. (770) 418-3173